

Minority Health Facts

IN RHODE ISLAND

INTRODUCTION

This report provides information about major health indicators in the racial and ethnic minority populations of Rhode Island defined by the Office of Management and Budget (Directive 15) as:

- **African American/Black:** A person having origins in any of the Black racial groups of Africa.
- **Asian and Pacific Islander (API):** A person having origins in the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Vietnam, Cambodia, Thailand, Laos, the Philippine Islands, and Samoa.
- **Hispanic/Latino:** A person of Mexican, Puerto-Rican, Cuban, Central or South American or other Spanish culture regardless of race.
- **Native American/American Indian:** A person having origins in any of the original people of North America and who maintains cultural affiliation through tribal affiliation or community recognition.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

This report presents data on socio-economic characteristics, morbidity and mortality, behavioral risks, infectious diseases, maternal and child health, and access to care among Rhode Island's racial and ethnic minority populations in comparison to the White and the overall state population. Please note that race and ethnic status for some Health Department data sets are based on self-identification.

POPULATION DEMOGRAPHICS

The population of Rhode Island is becoming increasingly diverse. From 1990 to 2000, Rhode Island's minority population increased by 77% while the White (non-Hispanic) population decreased by 3%. Today, 20% of the state population is a racial or ethnic minority (Census Bureau's 2005-2006 Current Population Survey). In general, the median age of Rhode Island's minority population (26 years) is lower than the median age for the overall state population (38 years). Also, a larger percentage (84.4%) of the minority population is age 50 or less as compared to 70.2% of the overall state population that is age 50 or less.

According to the 2000 U.S. Bureau of the Census's 2005 American Community Survey:

- There are 112,722 Hispanics/Latinos living in Rhode Island, making this group the largest and one of the most diverse minority populations in the state (10.9%). Persons of Puerto Rican origin form the largest Hispanic/Latino population in Rhode Island, followed by Dominicans and Colombians. Nearly 98% of Hispanics/Latinos live in urban areas with the largest concentration of Hispanics/Latinos living in Providence, Pawtucket and Central Falls. Approximately 83% of Hispanics/Latinos in Rhode Island over the age of 5 speak a language other than English in their homes (usually Spanish). The median age for the Hispanic/Latino population is 25 years, and about 89% of the Hispanic/Latino population is age 50 or less.



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POPULATION DEMOGRAPHICS (Continued)

- There are 65,032 African Americans in Rhode Island, making this group the second largest minority population in the state (6.3%). Nearly 99% of African Americans in the state live in urban areas. The median age for the African American population is 27 years, and 83.9% of the African American population is age 50 or less.
- There are 29,813 Asian and Pacific Islanders living in Rhode Island. Approximately 2.8% of the Rhode Island population is of Asian descent and about 0.1% is of Pacific Islander descent. Forty-five percent (45%) of the Asian and Pacific Islander population in RI was born in a foreign country. The median age for the Asian American population is 28 years, and 84.3% of the Asian American population is age 50 or less.
- According to the 2005 American Community Survey, about 10,725 Native Americans live in Rhode Island. Tribal affiliation is diverse, with over 10 tribes with more than 100 members and numerous others with less than 100 members. The Narragansett tribe holds the largest membership with over 2,000 people. Over 60% of the urban Native American population lives in Providence County. The median age for the Native American population is 26 years, and 82% of the Native American population is age 50 or less.

SOCIO-ECONOMIC CHARACTERISTICS

The following are socio-economic characteristics of Rhode Island's minority populations from the 2000 Census. These characteristics may affect the health of the minority populations living in Rhode Island.

- The percentage of Native Americans living below poverty level is over 3 times higher than the state's overall percentage below poverty.
- African Americans have a higher unemployment rate than all other minority groups and the overall state population.
- The median household income for Hispanics/Latinos is \$20,800, \$23,700 less than the state median and less than the median for all other groups.
- The Hispanic/Latino graduation rate from high school is lower than all other minority groups and the overall state population.

Table A: Socio-Economic Data

	NATIVE AMERICAN	AFRICAN AMERICAN	ASIAN & PACIFIC ISLANDER	HISPANIC/LATINO	WHITE (NON-HISPANIC)	STATE
Percentage of population living below poverty ¹	39.0	30.0	22.0	36.0	7.9	11.9
Percentage of population that is unemployed ²	6.5	7.5	4.6	6.9	3.1	3.6
Median household income ³	\$22.8k ⁴	\$25.1k	\$40.6k	\$20.8k	\$45.3k	\$44.5k
High School graduation rate ⁵ (percent)	76.0	78.0	80.0	74.0	88.0	85.0

SOURCES:

¹U.S. Bureau of the Census, 2000; 1999 data. ²U.S. Bureau of the Census, 2000; 2000 data.

³U.S. Bureau of the Census, 2000; 2001 estimates. ⁴Only 2000 estimate available.

⁵RI Kids Count Factbook, 2006; 2005 data.

BEHAVIORAL RISK FACTORS

- The Hispanic/Latino population has the lowest percentage of adults participating in physical activity compared to all other minority groups and the overall state population.
- Compared to the state and all other minority groups, Hispanics/Latinos have the highest percentage of adults who are overweight while Native Americans have the highest percentage of adults who are obese. Asian and Pacific Islanders have the lowest percentages of both overweight and obesity (lower than the overall state percentages).
- Hispanics/Latinos have the lowest percentage of consumption of fruits and vegetables compared to all other minority groups and the overall state population. Asian/Pacific Islanders have the highest percentage (higher than the overall state percentages) of fruit and vegetable consumption.
- The percentage of Native Americans who smoke cigarettes is the highest among minority populations and the overall state population, while the percentage of Hispanics/Latinos and Asian and Pacific Islanders who smoke is lower than the state average.
- A higher percentage of Native Americans engage in binge-drinking compared to other minority groups and the overall state population. All other minority groups demonstrate lower percentages of binge-drinking compared to the overall state.



Table B: Behavioral Risk Factor Indicators

	NATIVE AMERICAN	AFRICAN AMERICAN	ASIAN & PACIFIC ISLANDER	HISPANIC/ LATINO	WHITE (NON- HISPANIC)	STATE
Percentage of adult population ¹ that participates in light to moderate physical activity for at least 30 minutes per day (2001, 2003, 2005)	+	42.4	46.5	36.6	51.4	49.8
Percentage of adult population that is overweight ² (20 yrs+) (2002-2005)	29.2	36.9	28.2	38.2	38.4	38.2
Percentage of adult population that is obese ³ (20 yrs+) (2002-2005)	29.4	22.3	11.1	24.2	19.2	19.6
Percentage of adult population that consumes at least five daily servings of fruits and vegetables per day (2002, 2003, 2005)	24.3	26.5	29.0	23.3	27.9	27.5
Percentage of adult population that smokes cigarettes (2002-2005)	47.5	22.8	18.3	15.4	21.6	21.4
Percent of age adult population that consumed 5+ drinks on one or more occasions in past month (binge-drinking) (2002-2005)	24.3	15.5	16.0	15.1	17.4	17.2

SOURCE: RI Behavioral Risk Factor Surveillance System.

¹Adult population refers to individuals 18 years and older unless otherwise specified. ²Overweight defined by CDC as BMI ≥ 25 to <30 .

³Obesity defined by CDC as BMI ≥ 30 . +Sample too small for meaningful analysis

Table C: Leading Causes of Death, 2000-2004

	NATIVE AMERICAN	AFRICAN AMERICAN	ASIAN & PACIFIC ISLANDER	HISPANIC/LATINO	WHITE (NON-HISPANIC)	STATE
1	Heart Disease	Heart Disease	Heart Disease	Cancer	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer	Heart Disease	Cancer	Cancer
3	Diabetes	Stroke	Stroke	Unintentional injuries	Stroke	Stroke
4	Stroke	Diabetes	Unintentional injuries	Homicide	Chronic respiratory diseases	Chronic respiratory diseases
5	+	Unintentional injuries	Chronic respiratory diseases	Stroke	Pneumonia/influenza	Pneumonia/influenza

SOURCE: RI Dept. of Health, Division of Vital Records, RI Resident Deaths, ICD-10 Codes, 2000-2004.
+Sample too small for meaningful analysis.

Table D: Incidence Rates of Infectious Diseases: Cases per 100,000 Population

	NATIVE AMERICAN	AFRICAN AMERICAN	ASIAN & PACIFIC ISLANDER	HISPANIC/LATINO	WHITE (NON-HISPANIC)	STATE
Gonorrhea ¹	+	379.3	+	80.4	21.3	41.8
Chlamydia ¹	+	2,103.9	471.9	1,216.7	133.5	311.8
Tuberculosis ²	0	11.9	38.4 ³	17.6	2.0	4.5
HIV ⁴	+	64.0	+	30.0	6.1	17.2

SOURCES: RI Dept. of Health, Office of Communicable Diseases

¹Sexually Transmitted Diseases (STD) Surveillance Data 2005.

²Tuberculosis Database 2005.

³Asian only.

⁴HIV/AIDS Surveillance Data 2005.

+Sample too small for meaningful analysis.

MORTALITY

- The top five causes of death in the overall state population are heart disease, cancer, stroke, chronic respiratory diseases and pneumonia/influenza. For the racial and ethnic minority populations, diabetes, unintentional injuries and homicide are ranked among the top five causes of death in addition to cancer, heart disease and stroke.

INFECTIOUS DISEASES

- The rates of gonorrhea, chlamydia and HIV/AIDS are higher for African Americans than other minority groups and the overall state population. Note: This comparison excludes Native Americans and Asian and Pacific Islanders. Also, due to the small population of Native Americans and Asian and Pacific Islanders in RI, the available data for sexually transmitted diseases and HIV are too limited to report reliably.
- Asians have the highest rate of tuberculosis. There were no known cases of tuberculosis among Native Americans or Pacific Islanders in 2005.



MATERNAL AND CHILD HEALTH

- Both the White and the overall state population has better maternal and child health outcomes than the racial and ethnic minority populations.
- Higher percentages of all minority mothers receive delayed prenatal care compared to the White and the overall state population.
- Native American teens have the highest birth rates compared to all other groups.
- Compared to all other groups, Hispanic/Latino women have the highest percentage of mothers with less than 12 years of education.
- Native Americans have the highest percentage of infants with low birth weight. Infant mortality rates are highest among African American babies compared to all other groups.
- African Americans have the highest percentage of children living in poverty as compared to all other groups and the overall state population.

Table E: Maternal and Child Health Indicators

	NATIVE AMERICAN	AFRICAN AMERICAN	ASIAN & PACIFIC ISLANDER	HISPANIC/LATINO	WHITE (NON-HISPANIC)	STATE
Percentage of pregnant women with delayed prenatal care ¹	19.2	17.7	18.0	13.3	8.6	9.9
Rate of births to teens ages 15-19 (per 1,000 teens) ¹	149.0	77.0	38.9	94.5	30.0	31.0
Percentage of births to mothers with less than 12 years of education ¹	32.6	23.1	16.8	34.2	13.9	15.2
Percentage of infants with low birth weight (<5.5 lbs.) ¹	12.3	11.4	10.0	8.2	7.4	8.0
Infant mortality rate (per 1,000 live births) ²	7.8	12.4	8.9	8.2	5.6	6.4
Percentage of children in poverty (<18 yrs.) ³	43.0	53.0	15.0	47.0	12.0	19.5

SOURCES: ¹RI Dept. of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005.
²Infant Mortality Database, 2001-2005.
³RI Kids Count Factbook 2006; 2005 data.

For more information regarding minority health and the statistics contained in this report, please contact:

TOPIC	CONTACT	TELEPHONE
Minority Health	Office of Minority Health	401-222-2901
Nativity and Mortality Data	Office of Vital Records	401-222-2812
Behavioral Risk Factors, Access to Healthcare, and Census Data	Center for Health Data and Statistics	401-222-2550
Infectious Diseases	Office of Communicable Diseases	401-222-2577
Maternal and Child Health	Division of Family Health	401-222-2312



ACCESS TO HEALTHCARE

- A higher percentage of Hispanic/Latino adults report *having no health insurance* compared to other minority populations and the overall state population.
- A higher percentage of Hispanics/Latinos report *having no ongoing source of healthcare* and a higher percentage report their *usual source of care as none or emergency room* compared to other minority populations and the overall state population.
- A higher percentage of Hispanic/Latino women reported *having had a pap test* in the past 3 years compared to women in any other minority population and the state's adult female population as a whole.
- A higher percentage of Native American adults reported being *unable to afford a doctor* at some point in time compared to adults in other minority populations and the overall state population.
- Samples were too small to draw reliable conclusions regarding Native Americans and Asian and Pacific Islanders regarding a specific ongoing source of healthcare; emergency room use as a usual source of care; women 40 and over receiving mammograms; or women receiving pap tests.

Table F: Access to Healthcare Indicators

	NATIVE AMERICAN	AFRICAN AMERICAN	ASIAN & PACIFIC ISLANDER	HISPANIC/ LATINO	WHITE (NON- HISPANIC)	STATE
Percent of adults less than 65 years old that report having no health insurance ¹ (2002-2005)	22.7	13.4	14.1	29.6	7.6	10.5
Percent of adults that report having no specific source of ongoing healthcare ¹ (2000-2001)	+	17.7	+	23.7	14.2	15.6
Percent of population (all ages) stating usual source of care as none or emergency room ² (2000-2001)	+	4.6	+	7.0	4.6	4.9
Percent of women aged 40+ that report receiving a mammogram in the past 2 yrs ¹ (2001, 2002, 2004)	+	94.1	+	90.1	90.0	90.1
Percent of women that reported having a pap test in the past 3 yrs ¹ (2001, 2002, 2004)	+	89.2	+	94.2	86.1	86.9
Percent of adults that said "yes" when asked if there was a time they could not afford to see a doctor ¹ (2003-2005)	25.1	14.4	11.7	21.2	7.5	9.3

SOURCES: ¹RI Behavioral Risk Factor Surveillance System.

²Health Interview Survey.

+Sample too small for meaningful analysis.



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